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TREASURE STATE HEALTH

VOL. XXII, NO. 3 OFFICIAL BULLETIN — State Department of Health and Environmental Sciences, Helena, Montana 59601 July, 1973

Flathead Lake Area Target for Pesticide Study

The cherry orchards of the Flathead Lake area will be the focus of an intensive study this summer of the use of pesticides in agriculture, according to Kit Walther, project coordinator of the pesticide demonstration program of the State Department of Health and Environmental Sciences.

The study will concentrate on the use of organophosphate insecticides used to control cherry fruit flies, mites and other soft-bodied insect pests in the orchards.

Walther said the study will include air monitoring to determine ambient air levels of pesticides, water sampling, testing of cherries for pesticide residues, sampling blood of workers who use pesticides, safe handling practices for the pesticide applicators, pesticide morbidity and mortality review and a historical documentation of pesticide usage in the Flathead Valley.

One purpose of the study is to establish a current pesticide usage profile to determine what types of pesticides are used and how often, what residues remain in the air and water and what acute and possibly chronic illnesses in the area residents may be associated with pesticide use.

Air and Water

Air monitoring began in January at the University of Montana biological station at Yellow Bay. Ambient air studies were started in the winter to measure background levels of organophosphates and other pesticides, Walther said.

Air samples are analyzed for organophosphates such as diazinon, parathion and malathion, heptachlor, heptachlor epoxide, DDT and BHC, Walther said.

Selected streams flowing into Flathead Lake also will be tested for pesticide levels.

Health and Safety

One essential part of the study will be to make certain commercial pesticide applicators know how to use pesticides safely, Walther said.

"We want to create an awareness among pesticide applicators of the hazards of organophosphate insecticides and the necessary precautions they must follow to prevent unnecessary exposure to these chemicals," he said.

Walther will advise applicators on the use and maintenance of protective clothing, respirators and other protective devices and will demonstrate safe methods of mixing, applying and disposing of pesticides.

Seven of the nine commercial pesticide applicators on the east and south shores of the lake are cooperating with the study, he said.

Pesticide applicators in the study will have blood tests taken every two weeks to determine whether their exposure

(Continued on Page 2)

Photo by Kit Walther

Wrong way to do it—Pesticide applicator on Capitol lawn is exposed to drifting malathion spray. He should be wearing a respirator, a hat with a wide brim and protective clothing, preferably waterproof.

Nursing Profession Changing

The nursing profession is on the verge of considerable change, according to Mrs. Mary Munger, nursing consultant in the Bureau of Nursing, who spoke before the annual meeting of the Montana League for Nursing in May.

"Nurses want the freedom to exercise their knowledge and skills and are willing to colaborate with physicians—but it does take two to tango," Munger said.

She spoke of the concept of rapid change in modern society, explained in such books as **Future Shock** by Alvin Toffler, who suggests that the volume and rapidity of changes that are occurring affect life styles and values in society.

"The impermanence of material things is, I believe, helping us focus more clearly on more lasting values, those which deal with the rights and concerns of people," she said.

Munger said current widespread discussion of health care and lacks in the health care system provide a fertile offshoot for successful experiments to extend the boundaries of nursing practice.

This has also resulted in the realization by a federal task force that nursing can assume an extended role in the delivery of health care, she said.

Passage of national health insurance legislation could cause restructuring of the health care system to emphasize providing comprehensive care encompassing prevention, health maintenance, diagnosis and treatment, restorative and protective services, she said.

Munger said two resolutions passed by Montana's 1973 Legislature could help the state prepare for a national financing mechanism—a feasibility study of health maintenance organizations and a study of minimum public health services which should be available throughout the state.

"Discussions about restructuring the delivery of health care have pointed to the need for many more ambulatory types of services and methods of reaching out to let people know what care might be available to them," Munger said.

There is growing interest in having nurses prepared to function more effectively in the role of providing primary care, she said.

"Montana's example of a nurse providing primary health care is receiving national publicity and rightly so," she said.

She described the services provided by Wilma Nicholson in the Seeley, Swan Lake, Ovando area where there is no physician.

(Continued on Page 2)

Death never changes but burial practices do. Read about the alterations being made in the Montana rule on burial on page 3.

'Can't Keep Up With Pesticides,' MHA Convention Speaker Warns

Trying to deal with modern pesticide use seems much like battling the mythical many-headed hydra—chop off one head and another one grows.

Dr. Eldon P. Savage told of just such a battle being waged against pesticides at the 55th annual meeting of the Montana Health Association in May.

"The only pesticide we've known much about is DDT—and we got rid of it," he said.

Savage is chief of the chemical epidemiology section of the Institute of Rural Environmental Health at Colorado State University.

He spoke to MHA members at their annual meeting in Helena May 2 and 3.

Savage warned that new types of pesticides are being marketed faster than they can be adequately tested for long-range effects.

"One-third of the pesticides used in Colorado we have no analytical methods for detecting," Savage said.

A related problem is how to get these chemicals out of the environment after they are introduced.

"The EPA has a tremendous amount of money going into secondary treatment plants and secondary treatment plants aren't taking the toxins out of water," he said.

"As we have increased the types of chemicals we increase the possibility that treatment plants won't be able to get them out," Savage added.

Compounding this problem is the fact that researchers prefer to work on identifying the acute illness aspects of pesticide use and give short shrift to the study of long-range effects, he said.

"Frankly, I don't think we

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MONTANA HEALTH

By Dr. Steven Kairys, Chief
Preventive Health Services Bureau

Water-Soluble Vitamins

Vitamin C (Ascorbic Acid)

Functions:

1. Collagen formation—needed for wound healing, bone formation and muscle functions. Many of the manifestations of scurvy, a disease caused by deficiency of vitamin C, result from a lack of collagen formation.
2. Dentin formation in teeth.
3. Utilization of iron and calcium by aiding absorption from the gut.
4. Possible role in lipid metabolism.
5. In burn cases—skin grafts heal more quickly when vitamin C is present.
6. Possible role in combating infection.

There have been many contradictory articles written about the effect of vitamin C in large doses in preventing the common cold. Most scientists feel there is little evidence to substantiate this claim. Vitamin C does act as an antihistamine in large doses and this may account, in part, for the claims of cold prevention.

Requirements:

Adults—10 mg per day will prevent scurvy. Recommended daily dietary allowances are 60 mg per day for adult men and 55 mg daily for women.

Children—40 mg per day for children ages one through three, 45 to 60 mg in adolescence.

Pregnancy—60 mg per day.

Vitamin C is found almost exclusively in foods of plant origin. Citrus fruits and juices are particularly high in vitamin C followed by green peppers, broccoli, brussels sprouts, spinach, strawberries, melon, cabbage and tomatoes.

Handling and processing of foods are extremely important. Storage losses are minimized when foods are kept at cool temperatures with minimum exposure to air.

Processing methods that use heat will lower the amount of vitamin C in food. Steaming results in smaller losses than boiling. Eating fresh produce, of course, will eliminate all the pitfalls of cooking.

Vitamin B1 (Thiamine)

Functions:

Major functions of the vitamin consist of biochemical reactions in the metabolism of carbohydrates. Deficiency in the United States is seen now mostly among alcoholics in whom the requirements of thiamine are higher.

Symptoms of deficiency include loss of appetite, decreased muscle tone, depression and neurological changes. Serious deficiency results in a disease called beriberi.

Requirements:

Since thiamine is water-soluble and the body has no capacity to store it, excesses are excreted. Cereal products provide one third of the available thiamine in the average daily diet; meat, fish and poultry provide one fourth and dairy products provide one eighth.

Wheat germ is the richest source, followed by pecans, ham, peanuts, peas, white enriched bread and enriched flour.

Thiamine is destroyed by heat. High cooking temperatures result in lower vitamin yields. Soaking or cooking in large amounts of water causes the vitamin to leach out into the water. Thus a minimum of water should be used in cooking rice and other thiamine-rich foods. Alkalis such as baking soda destroy thiamine.

Vitamin B2 (Riboflavin)

Functions:

Biochemically, riboflavin is needed in carbohydrate, fat and protein metabolism. It is also necessary before the amino acid, tryptophan, a source of the vitamin niacin in the body, can be converted into the active form of the vitamin.

Two signs indicative of and specific to low dietary riboflavin intakes are cheilosis, a cracking of the corners of the mouth, and glossitis, a smooth, purplish-red colored tongue.

Requirements:

Riboflavin is a stable vitamin, resistant to acid, heat and oxidation. But it is unstable in the presence of alkali and light. The major source of loss of riboflavin in food is that resulting from the effect of sunlight on milk, a significant source of riboflavin in our diet.

Milk is an important dietary source of riboflavin, with one quart providing all of the recommended intake suggested for all ages. Riboflavin also is found in kidney, liver, nuts, wheat germ, eggs, cheese and cereal products.

Next Month: More Water-Soluble Vitamins

Pesticides . . .

(Continued from Page 1)

to insecticides during application has caused a marked cholinesterase depression.

Cholinesterase is a chemical essential to proper functioning of the nervous system. Organophosphates inhibit cholinesterase levels in the blood. A cholinesterase level depressed 10 to 50 per cent of normal indicates pesticide poisoning even if no symptoms occur.

Until the department receives proper testing equipment, the blood samples will be sent to the Colorado Department of Public Health to test for cholinesterase levels, Walther said.

Commercial orchard applicators often work 8 to 10 hours a day and their chances of experiencing organophosphate poisoning are very high, Walther said.

"There have been organophosphate poisonings in the past among orchard applicators," he said.

Initial symptoms of poisoning are headache, nausea, vomiting, blurred vision, weakness, diarrhea, abdominal pain and pallor. In more severe cases symptoms may also include convulsions, shock, labored breathing, muscle spasms, coma and death.

Lake Residents

Walther said one aspect of the study is to attempt to determine a correlation between ambient air levels of pesticides and pesticide metabolites excreted in the urine of persons living in the study area.

Accordingly, urine samples will be taken from lake area residents who are hospitalized locally for any reason during the summer.

Pesticide Usage Profile

Once it is determined what types of pesticides are commonly used in the area, local doctors will be provided with medical information on the diagnosis, treatment and toxicology of the pesticides they may encounter and what other health hazards may exist, Walther said.

One herbicide used in the area, paraquat, causes irreversible lung damage even in the case of a single oral dose. It has no known antidote and constitutes a grave danger especially when large quantities are purposefully or accidentally ingested.

1972 Study

In an earlier survey conducted to determine the numbers of poisonings by pesticides treated by hospitals or physicians statewide, Walther confirmed at least 36 cases of pesticide poisonings in Montana from 1968 to 1972.

The survey included 635 physicians and 69 hospitals in the state. All but two hospitals cooperated with the study and 51 per cent of the physicians responded.

Hospitals were asked to review their medical records to determine how many cases of pesticide poisoning were diagnosed in the four-year period.

Poisonings by pesticide are usually the results of poor occupational practice, home accidents involving young children or suicides, Walther said.

Of the 36 confirmed pesticide poisonings, eight were reported by physicians, 25 from in-patient and emergency room records of hospitals and three cases from death certificates supplied by the Bureau of Records and Statistics.

Physicians also reported more than 35 unconfirmed cases of pesticide poisoning involving symptoms such as dermatitis, chemical burns and eye irritation from unspecified insecticides and herbicides.

Most of the 36 poisonings were non-fatal accidents and 21 of the 36 involved insecticides. Herbicides, fungicides, rodenticides and repellents each accounted for no more than three of the remaining 10 poisonings. No particular class of insecticides was responsible for a majority of the accidental poisonings.

The only fatalities recorded came from the five suicide attempts by pesticide, three of which were successful.

Results of the study indicate that pesticides present a significant hazard to preschool age children largely because of parents' poor judgment in the storage of pesticides.

The study revealed only six reported occupational poisonings by pesticides but informal interviews conducted with commercial applicators show that many of them have experienced multiple symptoms of pesticide poisoning at one time or another without requesting medical attention.

All occupational poisonings reported resulted from inadequate protective clothing or improper supervision or warning, Walther said.

Nursing . . .

(Continued from Page 1)

Since physicians want to remain close to supporting health services like hospitals, she said, it is becoming more difficult for rural areas of Montana to attract or retain doctors.

"I believe it is possible, in close collaboration with the nearest medical community, to attract qualified nurses to provide services similar to those now available in Seeley Lake," she said.

"Let us direct attention to that possibility rather than grabbing for an unknown quantity referred to as a physician's assistant," she said.

Other areas of medicine are using nurses to greater advantage, she said. One such area is hospital emergency rooms, which are becoming a source of primary care again with a nurse handling many of the present problems.

"Home health care services, primarily a nursing service, is just coming into its own in Montana as an avenue for delivering restorative care and also encompassing aspects of prevention and maintenance," Munger said.

This type of service is a logical extension of institutional care or might be used to prevent institutional care, she said.

But in the provision of health care, Munger said, it is essential that provider groups sit as equals with consumers in analyzing health care needs and considering solutions.

"No longer can the health provider impose solutions on consumers," she said.

She urged professional nursing groups to find ways of getting consumer input into their discussions.

On the role of the registered nurse, Munger said there is no question in her mind that the RN already is the backbone of the health delivery system.

"More nurses through collective action are willing to speak out about inadequacies in health and illness care—usually after singular efforts to bring about change have been aborted," she said.

Nurses want encouragement from employers to stretch the boundaries of practice and they want encouragement in economic returns and in direct involvement in planning for changes, she said.

"Helping all nurses become aware of the expectation of an extended role is a gigantic task," she said. "An even greater challenge is changing the attitudes of consumers, physicians and employers about the potential of the professional nurse."

But these changes must occur if adequate health care is to be achieved and the right to good health is recognized as the country's goal.

TREASURE STATE HEALTH

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Helena, Montana 59601

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Advocates of Simple Burial Request Rule Change

In a time when segments of the American public are returning to the simplicity of older times—by baking their own bread, weaving their own cloth and tanning their own hides—some feel the logical extension of such thought is to regain the right to bury one's own dead.

Pressure is slowly mounting on several fronts to change the burial customs of the land to allow at least for simplicity.

Simple burial is an idea that seems to be gaining some acceptance in Montana and the rest of the country. Advocates of simple burial often feel embalming is unnecessary and that disposing of the dead has become a needlessly complicated matter.

Two Groups

Two Montana groups have called for changes in current burial rules administered by the State Department of Health and Environmental Sciences.

The Montana Memorial Society is a Billings-based group of about 40 persons who advocate planning your own funeral before you die to avoid such things as overspending by grieved relatives at the time of death or to make bequeathal to medical schools or organ banks easier.

The Rocky Mountain Casket Co. of Whitefish also is in favor of simple burial. The company soon will sell cardboard coffins for under $10 and now sells a pine coffin for $175 which can be used as a book shelf or wine rack until its owner dies and is buried in it.

Planning Meeting

A preliminary meeting was called in May by John Wilson, chief of the Records and Statistics Bureau, at which representatives of the memorial society, the casket company, the health department, the State Board of Morticians and the Montana Funeral Directors' Association were asked to discuss proposed changes in burial rules.

Recommendations that came from the meeting will be incorporated into proposed rule changes that may be submitted to the health department as early as September.

Embalming

Embalming is now implied to be required in Montana if the body has not reached its destination for burial or cremation 24 hours after death. Advocates of simple burial object to the imposition of the 24 hour limit.

Memorial Society member Mrs. Mary Glenn said imposing a time limit between death and disposition serves only to make embalming unavoidable since few relatives can arrange for burial so soon after a death.

"Time is really not the criterion to use," Glenn said. She suggested allowing for refrigeration also as a method of temporarily preserving the body.

"The objective of the Memorial Society is not to object to embalming but to let people who don't want embalming refuse it without having obstacles put in their way," she said.

She said undertakers often go ahead and embalm a body without first obtaining permission from the family.

The Rule Now Reads:

(a) The transportation of bodies dead of smallpox, Asiatic cholera, bubonic plague, and anthrax shall not be accepted for transportation unless prepared for shipment by an embalmer holding a license as such, and such body shall be encased in a hermetically sealed casket.

(b) The bodies of those dead of disease that are not contagious, infectious, or communicable may be received for transportation when encased in a sound casket, provided that they reach their destination within 24 hours from time of death. If the body cannot reach its destination within 24 hours from time of death it must be prepared for shipment by either a common carrier or private conveyance by an embalmer holding a license as in paragraph (a); the air-tight sealing may be dispensed with.

(c) The burial-transit permit shall show full name of deceased, place of death, cause of death, date of death, color, sex, age, method of disposal, licensed embalmer's name and address and license number, date of issuance, and signature of local registrar.

From: Vital Statistics Laws and Regulations, Transportation of the Dead. 16-2.6(6)-S6050

"A pathologist may have to do an autopsy and find the body already embalmed," Glenn said.

The practice of embalming has been justified by undertakers who insist that removing the blood from a corpse and replacing it with embalming fluid will help prevent the spread of communicable disease.

Dr. Steven Kairys, chief of the Preventive Health Services Bureau, interviewed experts at the National Center for Disease Control in Atlanta and spoke to five Montana pathologists concerning embalming as a means of preventing the spread of disease and what communicable diseases might be transferred from a corpse to the living.

"All the pathologists feel that a dead body is a lot less a hazard than a live one," Kairys said.

"They found no reason to embalm anything," he said.

Kairys quoted one pathologist who said if anyone is in danger of catching a communicable disease from a corpse it is the embalmer himself.

Kairys said he was unable to determine why the time period had been set at 24 hours since, depending on the size and weight of the body, the season, and often the cause of death, the rate of decomposition varies greatly.

Communicable Disease

According to the federal experts on communicable disease, Asiatic cholera, bubonic plague and anthrax are diseases that cannot be caught from exposure to a corpse, Kairys said.

Anthrax is passed on from animals to humans and cannot be transmitted from human to human, Kairys said. He said these diseases need not be singled out for special treatment in the rule book.

Smallpox, however, is the only disease that could possibly be passed on to a living person, he said. No smallpox deaths have been recorded in the state since 1938.

Recommendations

The recommended changes that will be presented to the department constitute more of a housekeeping function than a departure from current practice.

It will be recommended that section (a) be rewritten and transferred from Vital Statistics regulations to the purview of Communicable Disease regulations since the section has no bearing on the collection of vital statistics.

Rather than naming specific communicable diseases, the new regulation would require local health officers to report any communicable disease deaths to the state health deparment. Decisions on disposition would be made individually. There would no longer be an embalming requirement but smallpox victims would still have to be buried in a sound, sealed coffin.

Section (c) would be rewritten to eliminate reference to the licensed embalmer and simply require the signature of the person handling funeral arrangements. Local registrars have misinterpreted this section to mean that only a licensed embalmer may receive a burial-transit permit.

Legislation Needed

To settle the issues of embalming and a time limit between death and disposition the Legislature may have to act.

According to Charles O'Donnell, department attorney, section (b) exceeds the statutory authority of the health department and should be deleted from the rule book.

O'Donnell said the Legislature is the proper authority to decide whether embalming and a time limit are necessary.

Even if no laws are passed in the 1974 Legislature, other regulations on embalming and disposition are already in effect to partially deal with problems that might arise when no law governs the situation.

According to railroad and airline spokespersons, bodies accepted for transportation must be embalmed and placed in sealed containers in accordance with federal statutes.

Montana funeral establishments also could promulgate statewide standards that would apply in the treatment of any body entrusted to the care of an undertaker.

But without a new state law, do-it-yourself burial would be perfectly possible and legal.

Indians Urged to Enter Medical Professions

The only full-blooded Indian dentist in the country spoke before the Cultural Awareness Conference on Montana Indians and Health recently and deplored the fact that although he graduated from dental school in 1956 he still is introduced as the only Indian dentist in the country.

Dr. George Blue Spruce, director of Health Manpower Opportunity for the federal Department of Health, Education and Welfare, was the featured speaker at the conference May 30 through June 1 sponsored by Montana Indians and the Division of Comprehensive Health Planning.

Blue Spruce said the provision of health care is a major industry in the country, employing 4½ million persons and contributing billions of dollars annually to the economy.

"But where are the dollars that should be going to Indian health programs?" he asked.

"For every 1,000 Indian births, 32 will die," he said. "For every 1,000 non-Indian births, 22 will die."

"If Indian babies live the first month, 22 in 1,000 will die in the next 11 months while only nine non-Indian babies will die."

"Diseases eradicated in the general population are still prevalent among Indians," Blue Spruce said.

Blue Spruce said when he practiced dentistry on Indian reservations he saw Indian children with mouth diseases that weren't even in his pathology textbooks.

He said things have improved since 1955 when the HEW's Indian Health Service took over Indian health care from the Bureau of Indian Affairs.

"There were 125 doctors serving Indians in 1955 and now there are 410," he said. "There were 600 nurses then and there are more than 1,200 now."

But Blue Spruce took the audience on an imaginary tour to visit an Indian hospital and community to point out one of the serious problems Indians now have.

"The first person we'll meet is the hospital administrator who conducts the tours—he's non-Indian," Blue Spruce said. "We meet the chief health officer, a non-Indian, the head nurse, a non-Indian."

"Yet we're told 100 persons work in the hospital and that 70 to 75 of them are of Indian descent," he said.

Who are these people?

"They are the aides, the orderlies, the custodial staff," he said.

Of the 4½ million persons in the field of health services very few are Indians, Blue Spruce said.

Of the 340,000 medical doctors in the country, only three are one quarter or more Indian. There are 25,000 veterinarians of whom two are Indian. Of 125,000 pharmacists six are Indian, of 18,000 optometrists one is Indian, and of 120,000 dentists one is Indian.

Blue Spruce said he visited medical, dental, pharmacy and veterinary schools in the country to ask them what they have done and intend to do to increase Indian enrollment.

"I left these institutions saddened, depressed, angry and, most of all, frustrated," he said.

He received such answers as, "You're the first Indian we've ever seen" or "We have too many other problems."

In November of 1971 with the passage of the Comprehensive Manpower Training Act, the Health Manpower Opportunity Office was created.

It provides five programs for underprivileged Americans; one for blacks, those with Spanish surnames, students, women and Indians.

As a result of this program, there are 40 Indians in medical school now and eight in dental school, Blue Spruce said.

Indian students now in college are offered a fourth and fifth year of enrichment courses so they can qualify for entrance. High school Indian students are offered summer programs where they are taught the courses in life and physical sciences and math that most Indian schools are void of, he said.

But getting Indians into the health professions is not as easy as just providing extra courses and scholarships for Indian students.

"We'll have to take a real hard look at the Indian home where the youngster is growing up in an environment where English is the second language and where it is not in the value system to go after such goals," Blue Spruce said.

He likened an Indian reservation community to a "tub of crabs" where a youngster is torn apart by his jealous peers if he aspires to something they do not aspire to.

Tribal leaders, parents and even teachers do not encourage Indian children to go on to college and careers. They will have to change if Indian youth are to change, he said.

But in some ways, there are noticeable changes and Blue Spruce mentioned one of the most dramatic:

"Ten years ago there weren't 250 Indians in college. Next year there will be 20,000."

Photo by Cathy Campbell

Dr. George Blue Spruce speaks to participants in the first Cultural Awareness Conference on Montana Indians and Health.

Convention . . .

(Continued from Page 1)

know what the effects of low level pesticides are," he said.

Common Theme

A common theme cropped up in the remarks of several guests speaking to the MHA group—the problem of a built-in delay between the time pollution is introduced into the environment and the time its effects are discovered.

Donald P. Dubois, deputy regional administrator of the Environmental Protection Agency in Denver, said belief in the American growth ethic will have to be changed to belief in quality rather than quantity.

"Maybe we're beginning to do this," he said, pointing out examples of change such as the leveling off of the birth rate, President Nixon's precedent-breaking message on the environment to Congress and advertising changes by power companies who now exhort their customers to conserve energy.

In Montana, Dubois said, prevention is very important because "we still have something."

He said Montana's enormous coal reserves "will make the Four Corners situation look like small potatoes" and said the EPA "is trying to get ahead of it."

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HEALTH BRIEFS

Fenner Receives Award

George M. Fenner, administrator of the Hospital and Medical Facilities Division, has been awarded the 1973 Better Life Award of the Montana Nursing Home Association.

The award is given in recognition of "outstanding service through unselfish and effective efforts that have resulted in lasting contributions to the improved institutional health care of the aged."

Fenner was invited to receive his award at the MNHA convention in September in Missoula by MNHA Executive Director Rod Gudgel.

Holiday Receives MHA Award

M. Angela Holiday, a school nurse in Libby for 35 years, was presented the Dr. Mary E. Soules Distinguished Service Award of the Montana Health Association by Mrs. Virginia Mann, former president of the Board of Health and Environmental Sciences.

Holiday was instrumental in establishing classes in Libby in special education, home nursing, education for parenthood and first aid.

She helped organize a community prenatal clinic, a TOPS club for overweight teenagers and serves on the community's drug abuse education team.

She received the Business and Professional Women's Club's Woman of the Year award in 1971, the 25-year award from the Montana Lung Association and the 30-year award from the MHA.

MHA Elects Officers

James Peterson of the Environmental Services Bureau begins his two-year term July 1 as president of the Montana Health Association.

Peterson said he hopes to meet informally with MHA members active in their regions of the state and to get people more interested in the organization.

"We'll take the organization to them," he said.

Frances Dixon, nursing consultant to the Indian Health Service, was elected president-elect.

Seyler Retires

Frances A. Seyler, public health nursing consultant in the crippled children's program of the Maternal and Child Health Services Bureau, retired at the end of April.

She worked for the State Board of Health for five years before she joined the Army Nurse Corps in World War II.

After the war, Seyler finished her BS degree at the University of Washington, took training in physical therapy at the Mayo Clinic and returned to work for the health department in 1949.

Welch, Kairys Leaving

Dr. Richard Welch, acting director of the Health Services Division, will leave the department at the end of June to join the Army. He will be stationed at Fort Ord, California, and will be in charge of the pediatric section of the base hospital.

Dr. Steven Kairys, chief of the Preventive Health Services Bureau, will leave the department in July. He will be completing his residency in internal medicine at the University of Minnesota hospital.